

Regulated Object Inspection Report

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Owner and/or Billing Contact Info:		Object Location:		Investigation ID:		Regulated Object ID	
Name:		Site:		Date Inspected:		Inspect Fee: None	
Address:		Address:		PTO Fee: \$35.00		Special:	
City:		City		<input type="checkbox"/> Issue PTO		<input type="checkbox"/> PTO on hold	
State/Zip:		State/Zip:		<input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Re-inspection			
Phone:		County:					
		Location On Property:					
Regulated Object Information				Attributes			
WI Registration Tag Number: Family: Elevators Type: Escalator Last Investigation: Cycle: 1 yr. PTO Expiration: Next: History:				Use: Passenger Manufacture: Type of Drive Unit: Chain (Electric) Size of Chain: Loaded Gap: (A17.1 2000 & later)		Rated Load (lbs): Speed (fpm) Up: Down: Direction of travel: Up <input type="checkbox"/> Down: <input type="checkbox"/> Step/Skirt Index: Left: step 1 step 2 Right: step 1 step 2	
<u>Contract Date</u> <u>Comm. 18 / IND. 4</u> <u>ASME</u> <u>NEC</u> <u>NFPA 13 – 13 R</u> <u>NFPA 72 –72 E</u> <u>Description of Work</u>							
Inspector Name:		Employed by:		Onsite Contact:			
e-mail				Contact's Phone:			
Wisconsin Credential Number:				Contact's Email:			
I certify this is a true and accurate report of my inspection.							
Signature:		Phone:		Fax:			
REMARKS:							
Item No.	Code Section	Code violations listed below shall be corrected by COMPLIANCE DATE: * ► *See the back of this report for important compliance information regarding this ORDER .					